

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration  
Submitted  
with Initial  
Filing OR ☐ Declaration  
Submitted after  
Initial Filing

|                        |               |
|------------------------|---------------|
| Attorney Docket Number |               |
| First Named Inventor   | ROY G. O'NEAL |
| COMPLETE IF KNOWN      |               |
| Application Number     |               |
| Filing Date            |               |
| Group Art Unit         |               |
| Examiner Name          |               |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STONE CUTTER

(Title of the Invention)

the specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 385 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application<br>numbers are listed on a<br>supplemental priority data sheet<br>PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
| 60/202,498            | 05/05/2000               |   |

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--------------------------------|-------------------|---------------------------------|--------------------------------------|
|                                |                   |                                 |                                      |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

| Name                   | Registration Number | Name | Registration Number |
|------------------------|---------------------|------|---------------------|
| GREGORY M. FRIEDLANDER | 31,511              |      |                     |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number  
or Bar Code Label

OR

☒ Correspondence address below

|         |   |           |                |     |                |
|---------|---|-----------|----------------|-----|----------------|
| Name    | GREGORY M. FRIEDLANDER & ASSOCIATES, P.C. |           |                |     |                |
| Address | 11 SOUTH FLORIDA STREET                   |           |                |     |                |
| Address |   |           |                |     |                |
| City    | MOBILE                                    | State     | AL             | ZIP | 36606-1934     |
| Country | U.S. OF AMERICA                           | Telephone | (334) 470-0303 | Fax | (334) 470-0305 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

|  |  |                        |      |         |                 |             |                 |
|--|--|------------------------|------|---------|-----------------|-------------|-----------------|
| Given Name (first and middle (if any)) |  | Family Name or Surname |      |         |                 |             |                 |
| ROY G.                                 |  | O'NEAL                 |      |         |                 |             |                 |
| Inventor's Signature                   | Roy G. O'Neal                          |                        | Date | 3/29/01 |                 |             |                 |
| Residence: City                        | MOBILE                                 | State                  | AL   | Country | U.S. OF AMERICA | Citizenship | USA             |
| Post Office Address                    | 2569 MEADOWVIEW DR., MOBILE, AL 366051 |                        |      |         |                 |             |                 |
| Post Office Address                    | 2569 MEADOWVIEW DR., MOBILE, AL 36695  |                        |      |         |                 |             |                 |
| City                                   | MOBILE                                 | State                  | AL   | ZIP     | 36695           | Country     | U.S. OF AMERICA |

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-87)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

|  |                                     |       |    |   |                 |             |                 |
|--|-------------------------------------|-------|----|---|-----------------|-------------|-----------------|
| Name of Additional Joint Inventor, if any: |                                     |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |                 |
| Given Name (first and middle [if any])     |                                     |       |    | Family Name or Surname  |                 |             |                 |
| FRANK                                      |                                     |       |    | TREADAWAY   |                 |             |                 |
| Inventor's Signature                       | <i>Frank Treadaway</i>              |       |    | Date  | 3/29/01         |             |                 |
| Residence: City                            | MOBILE                              | State | AL | Country   | U.S. OF AMERICA | Citizenship | USA             |
| Post Office Address                        | 8545 STERLING DR., MOBILE, AL 36695 |       |    |   |                 |             |                 |
| Post Office Address                        | 8545 STERLING DR., MOBILE, AL 36695 |       |    |   |                 |             |                 |
| City                                       | MOBILE                              | State | AL | ZIP   | 36695           | Country     | U.S. OF AMERICA |
| Name of Additional Joint Inventor, if any: |                                     |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |                 |
| Given Name (first and middle [if any])     |                                     |       |    | Family Name or Surname  |                 |             |                 |
|  |                                     |       |    |   |                 |             |                 |
| Inventor's Signature                       |                                     |       |    | Date  |                 |             |                 |
| Residence: City                            |                                     | State |    | Country   |                 | Citizenship |                 |
| Post Office Address                        |                                     |       |    |   |                 |             |                 |
| Post Office Address                        |                                     |       |    |   |                 |             |                 |
| City                                       |                                     | State |    | ZIP   |                 | Country     |                 |
| Name of Additional Joint Inventor, if any: |                                     |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |             |                 |
| Given Name (first and middle [if any])     |                                     |       |    | Family Name or Surname  |                 |             |                 |
|  |                                     |       |    |   |                 |             |                 |
| Inventor's Signature                       |                                     |       |    | Date  |                 |             |                 |
| Residence: City                            |                                     | State |    | Country   |                 | Citizenship |                 |
| Post Office Address                        |                                     |       |    |   |                 |             |                 |
| Post Office Address                        |                                     |       |    |   |                 |             |                 |
| City                                       |                                     | State |    | ZIP   |                 | Country     |                 |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-87)  
Approved for use through 9/30/93. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RONALD E.

SWAFFORD

X  
Inventor's  
Signature

*Ronald E. Swafford*

Date

3/29/01

Residence: City

ANNISTON

State

AL

Country

U.S. OF  
AMERICA

Citizenship

USA

Post Office Address

3500 EULATON RD., ANNISTON, AL 36201

Post Office Address

3500 EULATON RD., ANNISTON, AL 36201

City

ANNISTON

State

AL

ZIP

36201

Country

U.S. OF  
AMERICA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**

Docket Number (Optional)

Applicant or Patentee: ROY G. O'NEAL

Application or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: STONE CUTTER

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.  
☐ Each such person, concern, or organization is listed below.

Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

ROY G. O'NEAL

NAME OF INVENTOR

*Roy G. O'Neal*  
Signature of inventor

3/29/01

Date

FRANK TREADAWAY

NAME OF INVENTOR

*Frank Treadaway*  
Signature of inventor

3/29/01

Date

RONALD E. SWAFFORD

NAME OF INVENTOR

*Ronald E. Swafford*  
Signature of inventor

3/29/01

Date